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AUTHOR Stone, Gerald L.
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ABSTRACT

This paper outlines some of the origins and functions of modeling within a human service training context, particularly counseling psychology, and discusses some of the consequences of modeling as a training method. The materials suggest that an emphasis on affective experience and behavioral methodologies has limited the potential of social learning and that social learning as a mediational theory, part of the cognitive movement, will be accentuated. Three resulting trends are described and future implications are suggested in professional and nonprofessional training when a mediational approach supplements input-output training models and technology. (JAC)

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# A Mediational Approach to Counselor Development

Gerald L. Stone

The University of Iowa

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A Mediational Approach to Counselor Development

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The primary relevance of social learning to the preparation of clinicians and counselors has been in terms of training methods rather than theory. Behavioral modeling, which is derived from social learning theory, is a popular training method in professional psychology. My task today will be threefold: a) to outline some of the origins and functions of modeling within a human service training context, especially counseling psychology; b) to discuss some of the consequences of the use of modeling as a training method, and c) to suggest future implications for theory, research, and practice in professional and nonprofessional training when a mediational approach supplements input-output training models and technology.

## Origins

The method of people watching as a means of learning is older than formal scholarship can document. Early accounts of the use of modeling as a planned educational method concerned its training potential in verbal skills such as elocution (see Bahn & Bahn, 1970). For example, one of the earliest accounts is provided by Isocrates, circa 390 B.C. (see Norlin, 1929). He urged teachers not just to describe the principles of oratory, but to model graceful speech for their students. Originally, such

observational learning experiences were concerned with the copying or imitating (mimesis) of specific, molecular behaviors. Later, through the efforts of Aristotle and Greco-Roman pedagogists, observational learning came to represent generic vicarious experiences focusing on broader dimensions. As we will see, the narrow versus broad band conceptions of modeling have continued to be an issue in training.

From antiquity through the Middle Ages to the eighteenth century, modeling was used to train rhetoric and other classical disciplines. In addition, it was a recommended method for some of the professions, i.e., St. Augustine suggested modeling as an appropriate method of preparing student preachers (see Clark, 1957). In the healing arts, public displays were conducted by exorcists, mesmerists, and hypnotists. Young scientists interested in dynamic psychiatry and psychology flocked to Paris to observe demonstrations in hypnosis by Charcot in the late nineteenth century.

Although the previous examples indicate the long history of imitation as a general educational method, it is with the evolution of schools of thought and the consequent growth of formal training programs within psychiatry, psychology, and counseling that modeling becomes a training method in therapeutic psychology.

In dynamic psychiatry, interest in psychoanalysis was growing at the turn of the century. There was a need to educate the medical profession, especially a need to train practitioners appropriately and avoid wild psychoanalysis. In response, an International

Association with local branches was adopted and given responsbility for training. Within psychoanalytic training programs, an emphasis was given to the analysis of the interpersonal dynamics of the trainee. Through such procedures, it was hoped trainees would learn about their future role in dealing with transference through the analyst modeling appropriate practices of dealing with transference in the training analysis. In supervision, the trainee often replayed significant dynamics experienced in therapy. This reenactment pattern provided a modeling opportunity for the supervisor and has become a salient characteristic of a psychotherapeutic approach to supervision (see Mueller & Kell, 1972).

With the advent of new schools of psychotherapy and new technology, new training opportunities developed. Electronic recording devices became available in the 1940's. The client-centered group used audio recordings of therapy sessions of experienced therapists in their training programs (see Blocksma & Porter, 1947). Later refinements of client-centered programs, such as the integrated didactic and experiential program of Truax and Carkhuff, involved audio recordings in the direct teaching of facilitative behaviors. Although audio recordings and facilitative response learning have been highlighted, the most crucial observational learning in these programs concerned the trainee's experience of facilitative attitudes communicated by the supervisor.

The introduction of videotape has been used by Kagan and colleagues (Kagan, 1975) in their Interpersonal Process Recall (IPR) training program to demonstrate facilitative therapist actions. In addition and more central to IPR, has been the videotaping of interviews and the use of recall sessions in which the supervisor helps the trainee recall his or her feelings, plans, and other reactions to the client and interview situation as both view a videotape of the session.

In the behavioral tradition, modeling has been associated with skill training programs, most notably microcounseling (see Ivey & Authier, 1978). Here model therapists, either live or videotape, demonstrate effective and ineffective examples of discrete skills. During the last ten years, a behavioral skills approach has dominated the training research literature (see Ford, 1979).

Functions and Consequences

Observational learning in a human service training context has primarily been construed as affective experience and/or skill acquisition or facilitation learning experience. While risking overstatements for benefits of clarity, psychoanalytic and client-centered groups, while recognizing the importance of learning skills and techniques, emphasized affective experience and attitudes. Thus a broad band approach to demonstration and symbolic modeling prevailed in which the direct subjective experience of therapeutic practices and attitudes was highlighted.

For the last ten years, a behavioral methodology, adopting a narrow band conception, has been dominant. In this framework, modeling is conceptualized as a source of skill information within an input-output instructional strategy.

It is my position that both conceptualizations have limited the potential of social learning. In terms of the broad band approaches, an emphasis on global constructs, such as affective experience, provided little information on what the therapist was to do. Moreover, conceptualizing modeling in terms of affective experience neglects cognitive processes. On the other hand, narrow band approaches have been so preoccupied with molecular behavior and skill learning outcomes that mediational processes have been neglected.

As a consequence, trainees are typically regarded as recipients of experience, affective experience or skill information, rather than active and constructive participants and processors of information. In such a passive framework, training research comes to view the modeling experience as sufficiently defined by stimulus properties instead of incorporating response components that reflect the participants' experience and perception.

As we move into the 1980's, social learning as a mediational theory, as a part of the cognitive movement will be accentuated, resulting in many trends (see Stone, 1980). Three of which are described:

1) an enlargement of conceptual work in training psychology with social learning making theoretical contributions to clinical and counselor professional development;

2) the inclusion of phenomenological data in verifying independent variables and assessing training outcome; and,

3) the use of cognitive science as a framework in interpreting trainee development and for generating new technologies and training methods.

As an example of these trends, I would like to share some of my recent research.

A social learning approach would suggest that trainees come to therapeutic training after numerous learning experience. From these experiences, trainees have developed attitudes, beliefs, habits, and emotional experiences that may facilitate or inhibit helping. During training, (although as discussed earlier the focus has been on skills) are trainees likely to develop new attitudes and habits? Should we be concerned about these processes? Does good philosophy lead to good practice? Does modeling provide affective components that facilitate abstract accomplishments? A series of studies have been initiated to address some of these questions and are found in a set of unpublished manuscripts.*

* available from Gerald L. Stone, Ph.D., Coordinator Counseling Psychology, Lindquist Center, The University of Iowa, Iowa City, Iowa 52242.

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